

**PAN FLU ETHICS TASK FORCE  
SC HOSPITAL ASSOCIATION  
WEDNESDAY, JANUARY 21, 2009**

Sign in sheets are attached to the minutes. Approximately 40 people were in attendance.

A plenary session was held at the beginning of the agenda to reacquaint members with the background (organizational history) and goal of the Task Force. Dr. Ball asked for introductions for the benefit of new members. He recognized DHEC's PHCLs (Public Health Clinic Liaison) and the valuable feedback that they give to the overall need for pan flu planning. PHCLs are front line staff who go into physician offices and emphasize to the staff how important planning is to keep their business operations running when a pandemic occurs.

Dr. Schneider moderated the discussion on the draft Ethical Guidelines (attached to minutes) that had recently been sent to all Task Force members.

What are the goals in planning for a pandemic ?

- . Fairness
- . As few people infected as possible
- . Minimize harm / maximize medical resources

**Main Issues:**

- The paper also has to appeal to the general public and written in language they understand.
- Changes/edits/ feedback from the other workgroups will provide the Ethical Principles workgroup input for more clear, concise language.
- Does "due process" need to be included under Trust section?
- "proportionality under Trust section needs further explanation
- Use caution in using some language, ie, "informed consent"

**Action Items:**

- Dr. Schneider will incorporate the changes discussed during this plenary session and send the 2<sup>nd</sup> draft document to Max.
- Dr. Schneider will also add a brief reference to the ethical principles incorporated in the latest CDC pandemic guidance paper (on antivirals). He

will modify language to make it more general and applicable to all the workgroups in developing their sections.

- Workgroup coordinators to email any further changes to the draft white paper to Max Learner.
- Each workgroup should develop a skeleton of their section in the white paper

After approximately 45 minutes, the membership broke out into the five workgroups.

After a working lunch, the Task Force reconvened with general discussion and brief updates from the workgroups. **NOTE: All workgroup meeting summaries are available upon request.**

### **Public Health Practices:**

#### **Isolation and Quarantine - Dr. Hal Gabel**

Goal is to minimize transmission and define early cases. This issue will be disproportionate based on population. A huge burden identified is that this issue will require a large amount of people power; require help from other agencies ie, public safety to enforce isolation. Also self-enforcing will be an issue. Relieving this burden will be to effectively communicate with the general public in advance. Question ... how will businesses continue their operations with a possible shortage of health care workers?

#### **Allocation of Vaccines and Antiviral Medication - Dr. Phil Schneider**

It is anticipated that the demand for both vaccines and antivirals will exceed the supply available; therefore rationing will be expected. Absenteeism in the workforce will also be expected. He stated that there is no CDC guidance for antiviral distribution. However, this workgroup endorses CDC's recommendations for distribution priorities. This sub workgroup also endorses 5 principles when making antiviral and vaccine rationing decisions:

- Fairness
- Autonomy
- Minimizing the harm
- Reciprocity
- Flexibility

During an imminent pan flu threat and during the first pandemic wave, DHEC will need to continuously examine and adjust vaccine priority tiers and sub-tiers to reflect the severity of the pandemic and to maximize survivability and minimize infection rates among all groups in SC.

**Workgroup recommendations:**

- Establish a joint workgroup between DHEC and SC Hospital Assn to develop planning on antiviral stockpiles and identify funding necessary
- DHEC establish statewide antiviral priorities to include all health care workers with direct influenza patient contact under the strategy of continuous antiviral prophylaxis prior to the availability of a vaccine specific to the pandemic strain for these workers
- Action be taken by the state of SC and by private sector to organize and develop responses for antiviral medication stockpiling and distribution for prophylaxis and post-exposure prophylaxis purposes

**Work Force Continuity - Dr. Covia Stanley**

Dr. Stanley recommended adding OSHA guidelines relevant to Pan Flu, to this workgroup's section of the white paper. Key issues identified:

- Status of agricultural involvement-procurement, distribution and food safety
- Providing support to workers handling food supply
- Secure information about Health Powers Act in FHQC workplace vs. state clinics and offices
- Availability of nursing staff in view of a serious shortage
- Engage school system to educate/train school RNs
- Consider psycho-social help from psychologists, LMSW, pastoral counselors
- Train the above groups for at least 2 days

**Pre-hospital Triage - Michelle Myer**

Also brought out during this workgroup's discussion was the need to define triage and the decision-making process as to where treatment should be. Triage needs to be recognized equitably across the state. Re-define "fair".

**Legal Issues:**

**Matthew Penn**

Matt presented a draft paper on research done by workgroup members who collected background information from other states. Many states have made

efforts related to three of the key components for preparing for medical surge, ie increasing hospital capacity, planning for alternate care sites, and developing medical volunteer registries. But fewer states have implemented planning for altered standards of care.

**Main Points of draft document:**

- Two standards of care - medical and legal. How do they fit together ?
- Must have uniformity across the state
- Fundamental misunderstanding about standards of care
- Presented research on triage limited liability
- Presented background research on limited liability for volunteer health care providers
- "Should vs will" needs to be included in guidelines.
- The Emergency Health Powers Act does provide some limited liability
- Dr. Ball stated that the State Medical Board will endorse our document

**Action Item:**

Before this workgroup can proceed any further, the other workgroups need to provide ethical justification for creating new clinical practices guidelines. They also need to provide any guidelines that they anticipate being required.

**Clinical Practices:**

**Dr. Walter Limehouse**

Dr. Limehouse presented and discussed in length, Ontario's Self Assessment Tool (complete presentation available upon request). Several key issues were addressed during this discussion:

- Adult influenza self assessment tool
- Potential actions to maintain critical primary care services by pandemic period
- Demand for acute care
- Optimizing hospital capacity/strategies to enhance surge capacity
- Critical care triage

**Public Risk Communication:**

**Jim Beasley**

This workgroup identified several areas of concern:

- Understanding from the general public
- Need to reach additional groups and tailor the message to each
- Recognize cultural differences

- Language barriers
- Concern over civil disobedience
- Develop format for public forums

Dr. Ball announced that the hospital medical directors are meeting in February and he will be making a presentation on this Task Force. He, as well as several other Task Force members, will be making presentations at the SC Public Health Association's annual meeting in May at Myrtle Beach.

The Steering Committee will hold a brief meeting upon adjournment; anyone is welcome to stay and participate.

Meeting adjourned.

Respectfully submitted,

Donna Culbreath  
Committee Assistant  
2-4-09

**Next Meeting:   Wednesday, February 18, 2009**  
**SC Hospital Assn, Columbia**  
**10:00 AM – 3:00 PM**

**Future Meetings:**

**Wednesday, March 18**  
**Month of April – Public Fora**  
**Wednesday, May 27**  
**Wednesday, June 17**  
**Wednesday, July 15**  
**Wednesday, August 19**